STATE OF MICHIGAN

STATEMENT OF CHILD PLACING AGENCY

FILE NO.		

JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	TRANSFERRING PHYSICAL CUSTODY OF CHILD FOR ADOPTION			
In the matter of the child Full name of ch	iild	_ DOB:		
	lacing agency and make this statement on behalf of	of the agency.		
2. The agency is making a temporary	placement of the child in a prospective adoptive h	ome as authorize	ed by the pa	arent(s) or
guardian(s) of the child. (copy of a	uthorization attached)			
3. On	, for the purpose of adoption, physical cust	ody of the child w	as transfer	red to the
	ne(s) of parent(s)		v	vho reside
in this county atStreet address	City		Zip	·
	g legal custody of the custody of the child retain ful ked by the agency filing a petition in this court on b ed to the parent(s) or guardian(s).			
than a year ago and which states that	ent assessment of the prospective adoptive parent at the prospective adoptive parent(s) are suitable to ardian who authorized temporary placement an op	be adoptive parer	nt(s). The cl	hild placing
6. The names and addresses of the r				
Mother: Name	Street address	City	State	Zip
☐ She is a minor. The name and a	address of the parent or guardian who agreed with	the placement ar	re	
Street address	City	State	Zip	· · ·
Father: Name	Street address	City	State	Zip
He is a ☐ legal ☐ putative fa	ather of the child.			
\square He is a minor. The name and a	ddress of the parent or guardian who agreed with t	he placement are)	
Name(s)				
Street address	City	State	Zip	
	(PLEASE SEE OTHER SIDE)			

Do not write below this line - For court use only

6. continued	
☐ The name and address of each other possible	le putative father are
	·
I declare under penalty of perjury that this stateme information, knowledge, and belief.	ent has been examined by me and that its contents are true to the best of my
Date	
Signature of agency representative	Signature of witness
Name of agency representative (print)	Name of witness (print)
REPORT TO COUR	RT FOLLOWING TEMPORARY PLACEMENT
or guardian to make the temporary placement of th	uthorized to make this report. The agency has been authorized by the parent e child in the home of the prospective adoptive parent(s) set forth in the above parent(s) evidencing transfer of physical custody of the child to them and the
I declare that the statement in this report has been knowledge, and belief.	n examined by me and that its contents are true to the best of my information
Date	Signature of agency representative
Name of agency representative (print)	Address
Name of agency	City, state, and zip